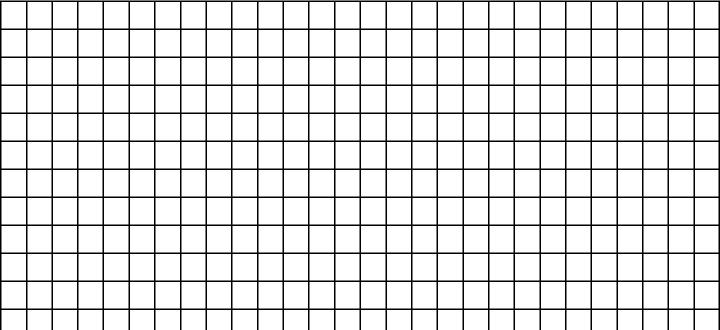
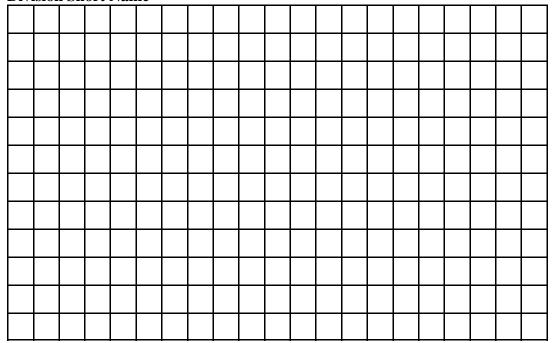
MANUFACTURER CODE ENTRY FORM

Full Manufacturer Name																											
Manufacturer Short Name						V.I. Mfr Code (Assigned by CFEIS Team)							E.F. Mfr Code CEF (Assigned by CFEIS Team)							ERT M	RT MY Date						
Dome						estic			Foreign					_ Unknown													
Manufacturer Type (Check all that apply)							1		T 1																		
	₋arge /olume				Heavy Duty			Motorcycle			Test Lab		Marine			Large Off Roa		ıd		Small Off Road			Government				
Manufacturer Contact Information Recipient Name and Title																											
Company Division																											
Company Name																											
Street Address																											
City, State																											
Zip, Country																											
Phone																											
Fax																											
E-mail																											
Coo	rdina	tion	1																								
OFFICE						NAME														ı	DATE						
Cert Team Rep.																											
CFEIS Team Rep.																											
Computer Operations Window																											
Computer Operations logs receipt, copies this form and sends copies to the following people based on the MFR Type:																											
LDV: Manual Arana (LCS)							Helen Bucklin (STAR) John Hendon S													Sa	Sally Hollowell						
HD	HD or Non-Road: Helen Bucklin (STAR) Notify Anne Wick in D.C																										
Mot	oreve	·lec·	ı	Zacce	m Δ	hhac			Нρ	len B	Ruckl	in (S	ΤΔΙ	57													

Division Full Name







Div.

